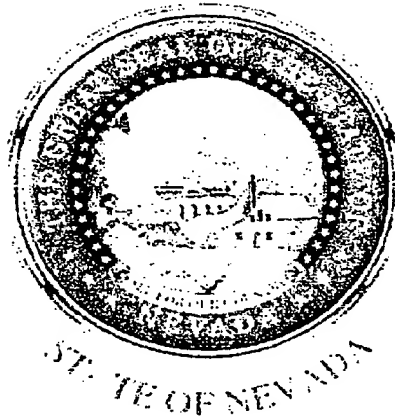


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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

MDM TECHNOLOGIES INC.

Nevada Business Identification # NV20051282058

Expiration Date: March 31, 2011

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 27, 2010



ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

**You may verify this Nevada State Business License
online at www.nvsos.gov under the Nevada Business Search.**

3 of 3

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

MDM TECHNOLOGIES INC.

E0114612005-9

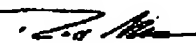
NAME OF CORPORATION

FOR THE FILING PERIOD OF 3/2010 TO 3/2011

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

CSC SERVICES OF NEVADA, INC. (Commercial Registered Agent)
502 EAST JOHN STREET
CARSON CITY, NV 89706 USAA FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20100127199-92 Filing Date and Time 02/27/2010 8:52 AM Entity Number E0114612005-9
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(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-6708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE

- ☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:
- ☐ Month and year your State Business License expires: 20
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

Section 7(2) Exemption Codes

- 001 - Governmental Entity
002 - 501(c) Nonprofit Entity
003 - Home-based Business
004 - Natural Person with 4 or less rental dwelling units
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME GILLES GAGNON	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 2075 CAROLINE BELQUE SUITE 602, CAN	CITY MONTREAL, QUEBEC	STATE <input type="text"/>	ZIP CODE H4N 3K5
NAME DMITRY MILIKOVSKY	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 3823 NORTH CLARK STREET SUITE 1	CITY CHICAGO	STATE IL	ZIP CODE 60613
NAME DMITRY MILIKOVSKY	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 3823 NORTH CLARK STREET SUITE 1	CITY CHICAGO	STATE IL	ZIP CODE 60613
NAME ROMAN MILIKOVSKY	TITLE(S) DIRECTOR		
ADDRESS 3823 NORTH CLARK STREET SUITE 1	CITY CHICAGO	STATE IL	ZIP CODE 60613

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 145 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

GILLES GAGNON

X

Signature of Officer

Title
PRESIDENT

Date
2/27/2010 8:45:04 AM

Nevada Secretary of State Annual List Profit
Revision - 0.5.00